

# WIA Eligibility Attestation

Registration Date:

WIR:

Counselor:

SSN:

Name:

Date of Birth:

Age:

Work Authorization Status:

US Citizen \_\_\_\_\_  
Or Registered Alien/Refugee \_\_\_\_\_

Selective Service:

Registered \_\_\_\_\_ or N/A \_\_\_\_  
# \_\_\_\_\_

I have read the certification statement below, and I am attesting to the above information in accordance with the language in the certification statement. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Welfare Status:

TANF \_\_\_\_\_  
GA/RCA \_\_\_\_\_ SSI \_\_\_\_\_  
Food Stamps \_\_\_\_\_

Family Income:

Number in  
Family:

Low Income Youth Characteristic: Offender \_\_\_\_\_  
Deficient in Basic Lit. Skills \_\_\_\_\_ Dropout \_\_\_\_\_  
Homeless/Runaway \_\_\_\_\_ Parent/Pregnant \_\_\_\_\_  
Needs Assist. In Ed. Prog. Or Employment \_\_\_\_\_

Low Income Status:

Welfare/Food Stamps \_\_\_\_\_ Foster Child \_\_\_\_\_  
Income Criteria Met \_\_\_\_\_ Homeless \_\_\_\_\_  
Individual w/disability \_\_\_\_\_

Youth 5% Window Criteria:

Appropriate Grade/Age \_\_\_\_\_ Offender \_\_\_\_\_ School dropout \_\_\_\_\_  
Individual w/Disability (incl. LD) \_\_\_\_\_ Homeless/Runaway \_\_\_\_\_  
Basic Skills Deficient \_\_\_\_\_ Pregnant/Parenting \_\_\_\_\_ Locally Defined \_\_\_\_\_

Family Members Names, SSNs, Relationship, & Income (Include Applicant Income):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dislocated Workers:

Category A: Terminated or Laid Off \_\_\_\_\_ Category B: Plant Closure or Substantial Lay Off \_\_\_\_\_  
Category C: Was Self-Employed \_\_\_\_\_ Category D: Displaced Homemaker \_\_\_\_\_

**Certification Statement:** I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application, subsequent termination from the WIA program, or prosecution under the law. We are asking you to provide voluntarily your Social Security account number so that this agency can provide employment assistance to you in the most timely and efficient way. This information will be used to identify your record in filling systems, for follow-up services provided you, for verification of eligibility for services including monetary, and statistical reporting purposes.

Signed:

Date:

Parent/Guardian Signature (Required if the applicant is under 18):

Date:

Interviewer's Signature:

Date:

**Verification process to be performed in accordance  
with DWD's Eligibility Technical Assistance Guide.**